

**TEMPORARY ASSISTANCE FOR NEEDY FAMILIES PROGRAM (TANF) APPLICATION TO ADD NEW ASSISTANCE MEMBERS**

This is an application to add new assistance unit members for the TANF Program. These new members joined the family unit since the last application was filed. You may bring this application to the local Department of Social Services office or mail it to the local Department of Social Services office.

**A. Your Contact Information**

<b>Your Name</b> (last, first, middle initial) _____	
<b>Your Street Address</b> (include apartment number) _____	<b>City, State, ZIP</b> _____
<b>Your Mailing Address</b> (if different from your street address) _____	<b>City, State, ZIP</b> _____
<b>In what city or county do you live?</b> _____	<b>E-mail Address</b> _____
<b>Primary Telephone Number</b> _____	<b>Alternate Telephone Number</b> _____

**B. New Household Member Information**

Give the following information for any new household members you are reporting for the first time or for new members you verbally reported since your original application or most recent eligibility review.

**1.**

<b>Name</b> (last, first, middle initial) _____	<b>Relationship to You</b> _____	<b>Date of Birth</b> (mm-dd-yyyy) _____
<b>Social Security Number:</b> _____	<b>Assistance Requested:</b> <input type="checkbox"/> SNAP Benefits <input type="checkbox"/> TANF <input type="checkbox"/> None	
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Place of Birth:</b> _____ (City, State, Country)	
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<b>Is this Person a U.S. Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No — If not a U.S. Citizen, what is your status? _____	
<b>Is this Person a Student?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of school _____	<b>Alien Registration Number</b> _____	
<b>Highest Grade Completed</b> _____	<b>Date started living in the U.S.</b> (mm-dd-yyyy) ____/____/____	

**Providing the following information is voluntary and will not affect eligibility. Please check all that apply.**

**Ethnicity:** ☐ Hispanic/Latino ☐ Not Hispanic/Latino  
**Racial Heritage:** ☐ White ☐ Black/African American ☐ Asian ☐ Asian & Black/African American ☐ Asian & White  
☐ American Indian/Alaskan Native ☐ Black/African American & White ☐ American Indian/Alaskan Native & White  
☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native & Black ☐ Other/Unknown

**2.**

<b>Name</b> (last, first, middle initial) _____	<b>Relationship to You</b> _____	<b>Date of Birth</b> (mm-dd-yyyy) _____
<b>Social Security Number:</b> _____	<b>Assistance Requested:</b> <input type="checkbox"/> SNAP Benefits <input type="checkbox"/> TANF <input type="checkbox"/> None	
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Place of Birth:</b> _____ (City, State, Country)	
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<b>Is this Person a U.S. Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No — If not a U.S. Citizen, what is your status? _____	
<b>Is this Person a Student?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of school _____	<b>Alien Registration Number:</b> _____	
<b>Highest Grade Completed:</b> _____	<b>Date started living in the U.S.</b> (mm-dd-yyyy) ____/____/____	

**Providing the following information is voluntary and will not affect eligibility. Please check all that apply.**

**Ethnicity:** ☐ Hispanic/Latino ☐ Not Hispanic/Latino  
**Racial Heritage:** ☐ White ☐ Black/African American ☐ Asian ☐ Asian & Black/African American ☐ Asian & White  
☐ American Indian/Alaskan Native ☐ Black/African American & White ☐ American Indian/Alaskan Native & White  
☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native & Black ☐ Other/Unknown

3.

Name (last, first, middle initial) \_\_\_\_\_

Relationship to You \_\_\_\_\_

Date of Birth (mm-dd-yyyy) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Assistance Requested: ☐ SNAP Benefits ☐ TANF ☐ None

Gender: ☐ Male ☐ Female

Place of Birth: \_\_\_\_\_  
(City, State, Country)

Marital Status: ☐ Married ☐ Never Married  
☐ Separated ☐ Divorced ☐ Widowed

Is this Person a U.S. Citizen? ☐ Yes ☐ No  
— If not a U.S. Citizen, what is your status? \_\_\_\_\_

Is this Person a Student? ☐ Yes ☐ No  
If yes, name of school \_\_\_\_\_

Alien Registration Number: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_

Date started living in the U.S. (mm-dd-yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Providing the following information is voluntary and will not affect eligibility. Please check all that apply.

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Racial Heritage: ☐ White ☐ Black/African American ☐ Asian ☐ Asian & Black/African American ☐ Asian & White  
☐ American Indian/Alaskan Native ☐ Black/African American & White ☐ American Indian/Alaskan Native & White  
☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native & Black ☐ Other/Unknown

- ☐ YES ☐ NO 1. Have any of your children received any immunizations since approval of your original application or since your most recent review? If YES, explain: \_\_\_\_\_
- ☐ YES ☐ NO 2. Have you or anyone for whom you are applying ever been disqualified from receiving TANF (AFDC) or SNAP benefits? If YES, explain: \_\_\_\_\_
- ☐ YES ☐ NO 3. Is anyone in violation of parole or probation or fleeing capture to avoid prosecution or punishment of a felony? If YES, explain: \_\_\_\_\_
- ☐ YES ☐ NO 4. Do you or anyone in your home have a felony conviction for drugs after August 22, 1996 for ( ) Use? ( ) Possession? ( ) Distribution of drugs? (check all that apply) If YES, who? \_\_\_\_\_  
Did the court assign ( ) Periodic Testing? ( ) Drug Treatment? ( ) Other Action? ☐ YES ☐ NO  
If YES, have you finished the plan or are you cooperating? ☐ YES ☐ NO
- ☐ YES ☐ NO 5. Have you or anyone for whom you are applying ever been convicted as an adult on or after February 8, 2014 for the following:
- a. Aggravated sexual abuse under Title 18 United States Code (USC), Section 2241 or a similar state offense? ☐ YES ☐ NO
  - b. Murder under Title 18 USC, Section 1111 or a similar state offense? ☐ YES ☐ NO
  - c. An offense under Title 18 USC, Chapter 110 (sexual exploitation and other abuse of children) or a similar state offense? ☐ YES ☐ NO
  - d. A federal or state offense involving sexual assault, as defined in Section 40002(a) of the Violence Against Women Act of 1994 (42 USC 13925(a)) ? ☐ YES ☐ NO
- If YES to any of the above, who? \_\_\_\_\_
- If YES to any of the above, are you in compliance with the terms of the sentence? ☐ YES ☐ NO

By my signature below, I declare that the household member(s) for whom I am requesting TANF or SNAP benefits, is/are either a U.S. citizen(s) or alien(s) in lawful immigration status. I declare under penalty of law that all information on this form is correct and complete to the best of my knowledge and belief. I understand that if there is a TANF or SNAP claim against my household, the information on this application, including all SSNs, may be referred to federal and state agencies as well as private claims collection agencies for claims collection action.

\_\_\_\_\_  
Your Signature or Authorized Representative's Signature or Mark

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness to Mark or Interpreter

\_\_\_\_\_  
Date